

# Epidemiology and Prevention of Vaccine-Preventable Diseases

Course Number VC0031

Pertussis, Poliomyelitis, *Haemophilus influenzae* type b, and

Pneumococcal Disease (child)

Evaluation Questionnaire and Exam

## Course Goal:

To improve immunization practices in the United States.

## Course Objectives:

After participating in this self study activity, participants will be able to:

**For pertussis, poliomyelitis, *Haemophilus influenzae* type b, and pneumococcal disease of childhood:**

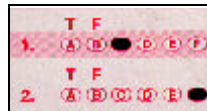
- Describe the disease and the causative agent.
- List the groups at highest risk.
- Identify those for whom routine immunization is recommended.
- State the characteristics, schedule, contraindications, and adverse reactions for the vaccine used to prevent the disease.

## Tell us about yourself...

Please note: Question 2 is a continuation of question 1. Please carefully read the questions. Your credit will be awarded based on the type of credit you select. Please answer each question but choose only **ONE** type of credit. Your answer to one of the questions will be

**F. None of the above.**

**Example:** If you wish to receive **CNE**, your answer sheet will look like this **L**



### 1. What type of continuing education credit do you wish to receive?

**\*\*Nurses should request CNE not CEU.**

**Please see note at end of document.**

- A. CME for physicians
- B. CME for non-physicians
- C. CNE (Continuing Nursing Education)
- D. CEU (Continuing Education Units)
- E. ACPE (Continuing Pharmacy Education)
- (Do not select E; not available for this course)**
- F. None of the above

### 2. What type of continuing education credit do you wish to receive?

- A. CHES (Do not select A: not available for this course)
- B. (Do not select B; not a valid selection)
- C. (Do not select C; not a valid selection)
- D. (Do not select D; not a valid selection)
- E. Not participating in this course for credit
- F. None of the above

### 3. Are you a...

- A. Nurse
- B. Pharmacist
- C. Physician
- D. Veterinarian
- E. None of the above

### 4. What is your highest level of education?

- A. High School
- B. Associate
- C. Bachelors
- D. Masters
- E. Doctorate
- F. Other

### 5. Do you administer vaccines to children and/or adults?

- A. Yes, children only
- B. Yes, adults only
- C. Yes, both children and adults
- D. No, I don't administer vaccines

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**Please note:** Question 7 is a continuation of question 6. Please answer each question, but choose only ONE occupation. Your answer to one of these questions will be

**F. None of the above**

**Example:** If you are an Epidemiologist, your answer sheet will look like this **L**

**6. Which of the following best describes your current occupation?**

- A. Environmental Health Professional
- B. Epidemiologist
- C. Health Educator
- D. Laboratorian
- E. Physician Assistant
- F. None of the above

**7. Which of the following best describes your current occupation?**

- A. Administrator
- B. Nurse Practitioner
- C. Infection control practitioner
- D. Other office or clinic patient care provider
- E. Student
- F. None of the above

**8. Which of the following best describes your current work setting?**

- A. Academic (public and private)
- B. Private health care organization
- C. Public health organization
- D. Environmental health organization
- E. Non-profit organization
- F. Other work setting

**9. Which of the following best describes the organization in which you work?**

- A. Federal government
- B. State government
- C. County government
- D. Local government
- E. Non-governmental agency
- F. Other type of organization

***Tell us about the course...***

**10. How did you obtain this course?**

- A. Purchased
- B. Downloaded or printed from website
- C. Shared materials with colleague(s)
- D. Obtained by mail from PHTN
- E. Not applicable

**11. How did you first learn about this course**

- A. State publication (or other state-sponsored communication)
- B. MMWR
- C. CDC Internet site or homepage
- D. PHTN source (PHTN website, email announcement)
- E. Colleague
- F. Other

**12. What was the most important factor in your decision to obtain this course?**

- A. Content
- B. Continuing education credit
- C. Supervisor recommended
- D. Previous participation in CDC/PHTN training(s)
- E. Ability to take the course at my convenience
- F. Other

**13. How much time did you spend viewing the videotapes, and completing the evaluation and exam?**

- A. Less than 2 hours
- B. 2 to 3 hours
- C. More than 3 hours but less than 4 hours
- D. More than 4 hours

**14. How did you view this course?**

- A. Videotape
- B. Video streamed through the Internet

**15. Please rate your level of knowledge prior to completing this course.**

- A. Great deal of knowledge about the content
- B. Fair amount of knowledge about the content
- C. Limited knowledge about the content
- D. No prior knowledge about the content
- E. No opinion

**Continued on next page...**

**16. Please estimate your knowledge gain due to completing this course.**

- A. Gained a great deal of knowledge about the content
- B. Gained a fair amount of knowledge about the content
- C. Gained a limited amount of knowledge about the content
- D. Did not gain any knowledge about the content
- E. No opinion

**Please use the scale below to rate your level of agreement with the following statements about this course.**

- A. Agree
- B. No opinion
- C. Disagree
- D. Not applicable

**17. The PHTN promotional material for the course adequately described the course and its content.**

**18. The objectives are relevant to the goal.**

**19. The content in this course was appropriate for my training needs.**

**20. Participation in this course enhanced my professional effectiveness**

**21. I will recommend this course to my colleagues.**

**22. Overall, this course enhanced my ability to understand the content.**

**23. The graphics, illustrations, and animations are effective learning resources.**

**24. Ordering course materials through the Public Health Foundation was user-friendly.**

**25. Ordering registration materials through the 1-800-41-TRAIN phone number was user-friendly.**

**26. Ordering registration materials through the PHTN website was user-friendly.**

**I am confident that for pertussis, poliomyelitis, *Haemophilus influenzae type b*, and pneumococcal disease of childhood I can:**

**27. Describe the disease and the causative agent.**

**28. List the groups at highest risk.**

**29. Identify those for whom routine immunization is recommended.**

**30. State the characteristics, schedule, contraindications, and adverse reactions for the vaccine used to prevent the disease.**

**31. Dr. Atkinson demonstrated expertise in the subject matter.**

**32. Dr. Humiston demonstrated expertise in the subject matter.**

### ***Exam Questions***

Questions 33 -37 are the exam questions. If you wish to receive continuing education credit for this program you **MUST** complete this exam. There is only one correct answer for each question.

**33. Which of the following statements is not true regarding acellular pertussis vaccine (DTaP)?**

- A. DTaP may be substituted at any time in a child's pertussis vaccination schedule.
- B. Different brands of DTaP are interchangeable in a child's pertussis vaccination schedule, if necessary.
- C. All licensed brands of DTaP contain a different number and concentration of pertussis antigens.
- D. DTaP is not recommended for children 5 years of age or older.
- E. Adverse reactions occur less commonly following DTaP than following whole cell DTP.

**34. What is the earliest age recommended for the first dose of *Haemophilus influenzae* type b vaccine?**

- A. Birth
- B. 4 weeks
- C. 6 weeks
- D. 6 months
- E. 12 months

**35. How many doses of inactivated polio vaccine (IPV) are recommended for routine vaccination of children in the United States?**

- A. 1 dose
- B. 2 doses
- C. 3 doses
- D. 4 doses
- E. 5 doses

**36. What is the most important reason inactivated polio vaccine is now preferred over oral polio vaccine?**

- A. To reduce the cost of the polio vaccination series.
- B. To eliminate the risk of vaccine-associated paralytic polio.
- C. To assure that immunity to polio virus infection will persist for at least 20 years.
- D. To simplify storage and handling of polio vaccine supplies.
- E. To be consistent with polio vaccination recommendations of the World Health Organization.

**37. What age group has the highest incidence of invasive pneumococcal disease in the United States.**

- A. Children two year of age and younge
- B. Children 5 to 14 years of age
- C. Adolescents and young adults
- D. Adults 30 to 55 years of age
- E. Adults 65 years of age or older

**Thank you for participating in this course.**

**We welcome your questions and comments. Contact the National Immunization Program by Email at [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov). Be sure to check for updates of this self study on our website at <http://www.cdc.gov/nip/ed/latebreak.htm>**

**Visit the Public Health Training Network at <http://www.cdc.gov/phtn> for other resources**

**Note to nurses:**

**CDC is accredited by the American Nurses Credentialing Center's Commission (ANCC) on Accreditation. ANCC credit is accepted by most State Boards of Nursing**

**Answers to exam questions: 33. D; 34. C, 35. D; 36. B; 37. A.**